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PRACTICAL OBSERVATIONS ON THE INHALATION OF VARIOUS  
VAPORS AND POWDERS IN DISEASES OF THE AIR  
TUBES AND LUNGS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have for some time contemplated writing a somewhat extended article on this subject, believing, as I do, that more benefit may be derived from inhalation, than has yet been experienced. Inhalation of vapors and gases, through the air tubes, to the pulmonary mucous tissue, has been more or less practised from the early ages; but several reasons may be assigned why it has not been attended with more favorable results, though, as will appear in the sequel, benefit has followed its adoption. In some cases, the articles inhaled, or breathed, have not been of a character to be beneficial; in others, the instruments for inhaling, or breathing the substances or vapors, have been of so clumsy a kind, that the thing could not be properly done; and lastly, it has, generally, not been done at all, till the diseases had assumed so grave a character that no human means could arrest them. These are good reasons for the results not having usually proved favorable.

I shall refer to several methods of breathing various atmospheres, gases, powders, &c., in consumption, catarrh, croup, asthma, and other diseases of the air-passages. It is well known that Dr. Beddoes recommended breathing an atmosphere of *factitious airs*, and Sir Humphrey Davy seems to have concurred in the same opinion. The former, also, advised patients threatened with, or laboring under, phthisis, to have a communication made from their rooms, to "cow-houses and stables," for the purpose of breathing the warm air of such places; and, when threatened with this disease myself, twenty-five years since, a physician of no small celebrity advised me "to keep about cows, oxen and horses, as much as possible." Nor do I even now imagine this advice was given without some reason for it, as there is undoubtedly a mildness and warmth of atmosphere about such places, very grateful and healthful to the shivering, hectic invalid. But I believe it would be much better to breathe such an atmosphere by going into it, than to admit a current of air from these places into a tight room or bed-chamber.

The vapor of tar was once highly recommended, as being very beneficial in phthisis. Its balsamic powers were said even to heal ulcers in

the lungs. Drs. Mudge, Crichton, Paris, and others, all advocated its use. But still, it has ceased to be used. It is, however, quite probable, that there are stages in phthisis, in which its inhalation would be serviceable, though when ulcers had formed, it would not heal them; and though I would not claim for it anything like what some of the celebrated gentlemen just named did, yet I think I have seen benefit derived from its use in *threatened* phthisis. It should be further tried, *watching carefully the period of the disease* (if there be any) when it is useful. It might be done in every public hospital, by having a room specially devoted to the purpose. The temperature of the air, and its proper medication, could, under hospital regulations, be critically adjusted, while in private practice it would be attended with much inconvenience. The tar employed should be such as is used for manufacturing ship cordage; and it has been recommended to add half an ounce of the sub-carbonate of potass to every pound of the tar, to neutralize the pyroligneous acid generally found mixed with it. This acid would be likely to produce coughing. When thus prepared, the tar should be placed in a proper vessel over a lamp, and be kept *slowly* boiling in the chamber, both night and day, care being taken that the vessel should be cleaned and replenished every twenty-four hours.

The vapor of *iodine* has also been used in diseases of the air-passages and lungs. Drs. Murray, Scudamore, Corrigan and Barton, all wrote in favor of it. Iodine sublimes, in a moist atmosphere, at a temperature below that of boiling water, and also in a moist atmosphere remains diffused, at its common temperature, in the warm season. Iodine derives its name from the beautiful violet color in which it sublimes, when a vial containing it is placed in a stream of vapor; so that a person need not fear, as Dr. Murray says a young lady, a patient of his, did, "when she saw the vapor approaching her breath, purpled almost like the ominous color of blood." Sir Charles Scudamore, in his "cases illustrative of various medicines administered by inhalation in pulmonary consumption," used the compound solution of iodine with alcohol for procuring the vapor to be inhaled, varying the proportion of the ingredients as the circumstances of the case required.

The directions given by Sir Charles are as follows. The recipe of inhalation is composed of:—R. Iod., potassæ iod.,  $\text{ââ}$  grs.  $\text{vj.}$ ; aquæ dist.,  $\text{℥ v.}$   $\text{℥ iv.}$ ; alcohol,  $\text{℥ ij.}$  M. Fiat solutio, in inhalationem ad adhibenda. For each inhalation, he used from  $\text{℥ j.}$  to  $\text{℥ vj.}$  of this solution; and from  $\text{m.xx.}$  to  $\text{xxv.}$  of a saturated tincture of conium—the time of inhaling being from thirty to forty minutes. The conium should be added to the *iodine solution just before inhaling.*

Sir Charles gives the following directions for inhaling these remedies. "At the temperature of  $90^{\circ}$  the volatile properties of iodine are given off very sensibly; but the conium requires more heat, and that of  $120^{\circ}$  is not too much for the iodine. This degree, therefore, I most recommend; or, if the patient have not a thermometer, let the instruction be, to put the water into the inhaler (first warming it a little to prepare it) quite as hot as the finger can bear without pain. The inhaler should be kept immersed in rather hotter water during the process. A good glass

inhaler, also, is a material consideration. If it be small, and the tubes too contracted in the bore, the difficulty of inhaling would be great to the invalid, whose respiration is easily embarrassed; whereas, with a fit apparatus, the process is perfectly easy and not fatiguing. The temperature of the water with which the preparation is to be mixed should be from  $115^{\circ}$  to  $120^{\circ}$  Fahr., and, when the proportion of iodine is increased to a full measure for each inhalation, I direct that the quantity be divided into two equal portions, the one to be used for the first ten minutes, and the other for the same space of time in continuation; and, at the average frequency, three times a-day. But sometimes it may be expedient to use it for ten or fifteen minutes only at a time, and three or four times a-day. The inspiration should be as strong as can be conveniently made, in order that the vapor may freely enter into the lungs; but the patient should inhale in a manner not to fatigue the chest; and this evil will be avoided if he allow himself sufficient interval, between the periods of inhaling, to recover power. I lay it down as a principle that inhalation should always be so conducted as not to produce distress to the patient in any way, either as regards the composition of the mixture, its strength, or the period of carrying on the process.

"In first entering on the treatment of inhaling, the irritation of coughing is usually produced, and in some cases this happens on every subsequent occasion; but unless this prove excessive, or permanent, it does not form an objection to the treatment, for the power of expectorating is remarkably facilitated, and, the bronchial tubes being cleared, a material subsequent relief to the cough is afforded. But a curative and not mere palliative effect is the object to be held in view. The proportion of alcohol contained in the different materials is too small to produce any inconvenient stimulation; it is necessary as the menstruum, and it is useful, as causing the volatile parts of the medicine to rise more freely with the watery vapor.

"In the commencement of the treatment, I advise very small proportions of the iodine mixture; for example, only from half a drachm to a drachm, for an inhaling of eight or ten minutes, to be repeated two or three times a-day. Of the soothing tincture, I direct half a drachm, which I usually find sufficient; but it may be increased if the cough be very troublesome. I soon augment the quantity of the iodine, and, progressively, from 3j. to 3iv.; but, also, then prolonging the time of inhaling. I divide the iodine dose, putting two thirds at first, and the rest after the expiration of seven or eight minutes. It is of the utmost importance that the strength of the inhaling mixture should be considered in relation to the particular case; the feelings of the patient will be a great guidance. In acute phthisis, the inhaling doses should be very weak. No remedy with which I am acquainted exerts so much influence over the hectic fever, used in the intervals, as the inhalation in question. The patient should have the sense of relief, and not of inconvenient irritation, produced. The cough, arising, occasionally, during the process, is not an objection; but if it be more irritable afterwards, it shows that it has been used too strong. There is a certain

stage of the tubercular disease, when over-excitement, from employing the iodine in too strong quantity, might hurry on the softening process too quickly. It is here that the treatment demands the greatest judgment.

"In the employment of inhalation, perseverance is necessary, and in some instances, for many months. The object sought to be obtained is not merely palliative benefit—not merely a temporary impression on the morbid function—but the superseding of the diseased action by a healthy one, and the effecting some organic change."

Sir Charles gives a description of his *inhaling apparatus*. He recommends a double-necked glass bottle; or a common wide-mouthed bottle may be used, the cork having two perforations through which the glass tubes are to be passed. About an inch of water should be placed in the bottom of the bottle, and to this, the inhaling mixture must be added. Through one of the necks of the bottle, or through one of the perforations in the cork (if a wide-mouthed bottle be used), a straight glass tube should be passed, so as to dip under the water. The other neck or opening should have a curved glass tube passing through it, through which the patient should inhale.

Dr. S. says, "The bottle should be large and the tubes capacious. The one issuing from the bottle should be upright, passing off in a gradual slight curve, so that the vapor shall not be much cooled in the course of its progress. The ingress tube should dip very near to the bottom of the bottle, that all the air so introduced may receive impregnation. The patient must be desired to inhale, by using, at the same time, suction and a pretty full inspiration, then to drop the under lip from the mouth-piece, and make a free expiration; so conducting the process by pausing, and, if he like, little suspensions, in order that he may not experience any fatigue, which would certainly happen by breathing quickly, or using an inhaler with small tubes, or with too much water in the bottle."

I have thus given the process of inhalation by Sir Charles, because I consider the *subject* of great importance, and fully believe that much good may yet be reaped from it.

The *results* of Dr. S.'s experiments were much in favor of the practice. He says, he "could relate the cases of a gentleman, aged 54; of a lady, aged 20; and of a medical practitioner, aged 30, in whom the most unequivocal symptoms of tubercular disease were strongly developed, in whom there was every threatening of danger; and in all of whom, I was happily quite successful."

In 1840, Dr. S. added to his former results, notices of other cases, in which cures had been effected, or, at least, great alleviations.

Five years after the description of these cases, and several others, in the *Medical Gazette*, he says, "The patients whose symptoms of tubercular phthisis, with the treatment, were fully described in this *Gazette*, have not had any relapse, and are now enjoying excellent health; a period of rather more than five years having elapsed."

Other cases, equally satisfactory, are related, where there was every



evidence, both from auscultation and other signs, of tubercular disease of the lungs, and sometimes it had advanced to the second stage.

"In every case one of the following events may be expected to happen: either that the tubercular irritation will be arrested and gradually removed, be arrested and suspended, but not cured; or pass on to the softening process, which terminates in the production of an excavation. In all these different states of the disease, I advise the inhaling treatment to be employed."

Of all the various agents which Dr. S. used for inhalation (and they were many), among which were the tincture of opium, tincture of digitalis, tincture of stramonium, of ipecacuanha, hydrocyanic acid and ether, he considered the tincture of iodine, or that and conium, the most efficient. He considers the iodine to be the only agent which exerts any influence in the cure of *phthisis*. But the iodine inhalation must not be employed when any inflammatory action exists. Its effects might be very injurious, and it should always be a fundamental principle of all medical treatment, that *no injury should be done*.

Dr. Berton, as quoted by Dr. Bell, says "In a flask with two tubular openings, I put diluted sulphuric acid, and on this a quarter or half a grain a day of the hydriodate of potassa; the iodine is promptly disengaged in the form of vapor, and this is inhaled by the patient through one of the tubes of the flask. The process is repeated from four to ten times a-day; the duration of each being from four to five minutes." This is the most easy and simple form of inhaling iodine, and it seems as though all its good effects can be secured by such an inhalation. I have tried it in this form with some success.

There can be no doubt but that the introduction of iodine into the system in the manner of inhaling, must have a salutary effect upon the disease. Why not as much so as the *dermatic* process of introducing medicines into the system? We know this is often a successful method, when the medicine can be introduced in no other way. Dr. Corrigan, who was an advocate for the inhalation of iodine in *phthisis*, says, "If we suppose the patient to inhale only one twentieth of the iodine evaporated, he will inhale in each hour, and apply to the diseased surfaces, one grain and a half of iodine in a state of the most minute division or solution. This quantity, we know, is quite sufficient to exert a decided action upon scrofulous ulceration; for we find, on reference to Lugol's valuable work on the employment of iodine in scrofula, that in external scrofulous ulceration, the preparation of iodine, which is found beneficial, is a solution which contains only about three grains of iodine in each pint of fluid." The beneficial effects of iodine thus inhaled in bronchitis, and other diseases of the air-passages, cannot be doubted, and a further trial of it should be made, not only in these diseases, which often hasten the development of consumption, but also in consumption itself, if it be evident that there is no active inflammation, and the apparatus for inhaling is such that the patient can perform the operation rather with pleasure than fatigue. These are items not to be forgotten nor disregarded. The more simple the apparatus, the better it will be. It should be so constructed as to keep up a supply of vapor

for any length of time, and its evolution should be steady and regular, both in quantity and quality.

*Chlorine* also has been inhaled in phthisis. In favor of inhaling an atmosphere of chlorine gas, it has been said that paper-makers, who are apparently more exposed to consumption than almost any class of persons, being constantly enveloped in clouds of dust in the rag rooms of paper-mills, never have this disease. The argument is this—"if chlorine and steam spread through the works can prevent phthisis, is it not reasonable to suppose similar means might contribute to the cure of persons who had contracted the complaint? Would not, therefore, the junction of chlorine gas and that of iodine be a rational proposal, regulated, of course, according to the different degrees of the disease?"

Dr. John Bell remarks of the above, "By similar arguments we might be persuaded that the vapor from oak-bark decoction is useful in phthisis, since it is stated in some quarters that tanners were not observed to be liable to this disease." Now, though I have ever been an admirer of Dr. B.'s writings, and wondered, a thousand times, how he could say *so much* (and that all good) in *so small* a space as he does, yet I cannot fully agree with him in this remark. In the first place, the parallel does not seem to be a good and perfect one; for the atmosphere of *chlorine*, all, it seems to me, would judge to be more efficient than one of *oak bark*; and then, again, it is, if I understand the process of tanning in this country, much more common to use *hemlock* bark than oak, and though the oak bark might be *good*, yet the hemlock might be *better*, as it contains more of a balsamic oil.

No doubt the inhalation of so powerful an agent as chlorine, requires to be administered with great care. If the solution to be inhaled is too strong, its tendency is to constrict the air tubes, occasion irritation of the bronchia, and provoke distressing cough. A person, however, may become so familiar with this gas, that he can endure much more of it than when he first commences its use.

Several French writers have spoken in high commendation of the inhalation of chlorine; and, though some of them published most flattering results, yet M. Louis says he has "studied the action of chlorine in upwards of fifty phthisical patients, at the Hospital of La Pitié, the Hotel Dieu, and the Hospital Beaujon. The chlorine (prepared at the Central Laboratory of the Paris hospitals) was inhaled with a vessel provided with two tubes. In no instance did I obtain any successful result from its employment." This statement, by so able a practitioner as M. Louis, has weighed heavily against the use of chlorine gas, and there can be no doubt that all the good effects of it may be secured by boiling chloride of lime or soda, by heating it in a large dish, by sprinkling it with muriatic acid, or by pouring sulphuric acid upon common salt.

I might describe various kinds of apparatus for inhaling chlorine gas, which have formerly been employed; but as I prefer the gradual evolution of the gas from a chloride, as that of lime, so as to impregnate all the air of the room with it, I forbear to name them. If we wish the vapor to be thrown off more rapidly, it may be accomplished by adding a small quantity of sulphuric acid to the chloride.

Dr. Albers states the following results from inhaling chlorine gas. "In tubercles of the lungs, in chronic catarrh, in chronic inflammation and ulceration of the bronchial mucous membrane, and in dilatation of the bronchi, chlorine vapor is of no service, and in most cases will not be borne, in consequence of the irritation it produces. On the other hand, it has a very salutary operation in pure ulceration of the lungs or *voinicæ*. This state, however, is not to be confounded with suppurating pneumonia, to which the use of chlorine vapor is not so applicable. How far patients laboring under disease of the lungs may be adapted for using this remedy, cannot be determined; much will depend on general irritability and individual disposition, and the chlorine vapor should always be tried experimentally at first. From the foregoing observations, it appears that chlorine vapor produces salutary effects in chronic ulcers of the lungs."

M. Toulmanche says, "The greater number of the experiments, the inferences from which are here related, were made under a period of four years and a half in a '*maison de detention*,' where pulmonary catarrhs are very common. The majority of the patients have borne very well the first impression of the chlorine, and all have become capable of employing it by gradually accustoming themselves to it. With the fewest exceptions, such as where great irritability and oppression existed, the chlorine was employed in every case which bore the name of pulmonary catarrh, acute or chronic, inflammatory or pituitous. Its sensible effect is to change the quality of the bronchial secretion, to diminish its quantity, and finally to put a stop to it." The result of the use of chlorine, in 228 females, is recorded as follows:—"Of these 228, 144 were affected with acute, and 65 with chronic bronchitis; 17 of which latter were double, 4 complicated with pulmonary emphysema, and 22 with phthisis. Of the 144 acute cases, 51 were cured in from five to six days; 33 in from seven to ten; 29 in two or three days, and 21 in from eleven to fifteen. The greater number were thus cured in from five to eight days; the smaller in from eleven to fifteen—a result much superior to that which is obtained by the ordinary means. Of the 65 cases of chronic bronchitis, 16 were cured in from ten to twenty-one days; 15 in from ten to eleven; 13 in from two to ten; and 1 only in eighty-eight days. The average of cures requires, therefore, from sixteen to thirty days, and two thirds of the patients recovered in from five to twenty or twenty-five days. This is regarded as a treatment two or three times shorter than that which is commonly employed."

This, certainly, is a great improvement upon the ordinary treatment, and deserves a further trial. If, by so simple a means as this inhalation, we can shorten the disease two thirds, we are inexcusable if we do not adopt it.

In a case of gangrene of the lung, I have found inhalation of the chloride of lime and the tincture of opium operate favorably, both in removing the offensive odor and in sustaining the strength of the patient.

The practice of inhaling ether and *sal. nitre.* and smoking *stramonium*, in asthma, is upon the same principle. These are all now well known to mitigate, and, generally, remove for the time, this distressing

and very troublesome disease. Great caution, however, should be used in inhaling the smoke of stramonium, as too much of it may produce its deadly narcotic effects. The smoke of *sal. nit.*, in my opinion, is also capable of poisoning the system. The following case came under my care some time since. An old gentleman, long subject to fits of asthma, had been advised by his physician to inhale the smoke of this article. He had done it for years, and with much relief to his asthma. But his daughter, who always administered it, was taken sick with a general debility. She lost her appetite, her feet and limbs generally were œdematous, and she seemed in a very critical state. It was my opinion, and hers also, that the smoke of the nitre was the cause. She has since avoided it, and with the use of tonics has recovered her former health.

In what I have now said on the inhalation of *vapors*, I have given the experience of others, and quoted much of their language, also, with some few of my own experiments. But in what follows, I shall give, not the treatment of others only, but also what has been my *own* experience. I have not attempted to be *original*, my principal design having been to call attention to a mode of treatment (yet in its infancy) which promises much in a class of diseases always distressing to the patient, and perplexing to the medical attendant, and often leading to a fatal result irrespective of the anxiety and efforts of both. W. M. CORNELL.

[To be continued.]

#### THE CHOLERA AT KALAMAZOO.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING, since the communication of my report of "cases of cholera at Kalamazoo" (see page 249), received letters from several members of the profession, in different parts of the country, soliciting any additional information that might be given in reference to these singular cases, I have thought that I would submit a further statement of facts with a few accompanying remarks, for publication, should they be deemed of sufficient importance.

The report has been generally circulated, that a solution of the corrosive sublimate had been used, in the place of vinegar, in mixing the mustard at the Hotel. A most thorough investigation of this matter was made by the coroner's jury, and the evidence elicited was conclusive against such a supposition. The jug of corrosive sublimate that has been made to play so distinguished a part in this transaction, was kept in the house for the purpose of destroying bugs. It was the strongest possible solution of the bichloride in alcohol. It was kept in a jug *not similar* to the vinegar jug, nor near the same place, nor where there would have been any reasonable probability of its having been mistaken for anything else than for what the servants all testified that they knew it to be, "a jug of bed-bug poison." Absolute ignorance of its immediate effect upon the mouth alone, would be an indispensable prerequisite to a belief that a solution of corrosive sublimate, of the strength of that in this jug, was ever used by any man, in the possession of

his senses, as an article of condiment. Furthermore, the landlady positively testified to having herself filled up the castors the last time they were filled prior to the time when this poisoning must have occurred, if at all. Finally, an accurate chemical analysis of the contents of the suspected vessels, and of the vinegar itself, failed to detect any traces of corrosive sublimate, or of any other poisonous article. From a collation of the testimony of those of the boarders who escaped, with the statements made during their sickness by those who died, it was found that the same articles of food and drink were partaken of indiscriminately by both. The statements which have been made that all of those affected sat at the same end of the table, are not true, for it was in positive testimony that the very converse of this was the case. The same may be said with respect to the many other rumors that have gone abroad in reference to this matter; no fact having been elicited, by the most searching investigations, to warrant the imputation that there had been, on the part of the proprietors of the house, or of any of their servants, anything like reprehensible carelessness or wanton criminality.

If we turn from the examination of this kind of evidence to the consideration of that furnished by the history of the cases themselves, we shall find much more to complete our conviction of the almost absolute impossibility of these persons having died from the effects of the oxy-muriate of mercury or any other known poison. It will be perceived, by a review of my previous report, that the family of emigrants arrived at the Hotel on the 1st, and left on the 2d day of the month; that on the 3d, the first cases occurred amongst them, and during the ensuing night the four succeeding cases occurred at the Exchange. The 2d day, then, must be fixed upon as the day when the poison was taken, if at all. This matter in reference to date being determined, I will now call the attention of the profession to the facts recorded in the following table, in order that they may determine how far they are consistent with the supposition of poisoning on the 2d.

Date of attack.	No. cases.	No. deaths.	Length of time in which death occurred.	Remarks.
Oct. 3d,	2	2	In 10 hours.	
do. at night,	4	4	In 12 "	
Oct. 4th,	2	2	In 9 and 11 hours.	
5th,	2	2	In 11 hours.	Never at the hotel.
6th,	3	3	In 11 hours, 20 hours and 5 ds.	" " "
7th,	1	1	In 6 hours.	" " "
8th,	1			Never at hotel—recov.
10th,	2	1	In 48 hours.	1 recovered.
11th,	3	1	In 36 "	2 "
13th,	2			2 "
Total,	22	16		

This table embraces only such cases as were of the most unmistakable and well-marked character. In every one of them the symptoms were, without material variation, precisely such as will be found detailed in my former report. It will be observed that four of these cases were never at the Hotel. In reference to the eighteen others, it now becomes

necessary to decide, first, as to whether the date of their several attacks is reconcilable with the supposition of poisoning on the 2d; and, second, whether the symptoms manifested were such as would result from the administration of the corrosive sublimate. Upon the first of these questions, I shall without comment simply call attention to the fact, that in all of the cases that occurred subsequently to the 3d, the only premonitions of the attack were those of a slight diarrhœa, which in no instance preceded the violent onset of the disease, more than twenty-four hours. With regard to the second question, I will only remark, that while the absence of the principal characteristic symptoms, that are known to follow the administration of any given poison, may not constitute in *one* individual case, positive evidence that such a poison had not been taken, yet the want of such symptoms in *eighteen* consecutive cases, would, according to all reasonable rules of evidence, be conclusive against such a supposition.

If the conclusion that these cases were not cases of poisoning, is correct, then the question of what they were, becomes one of great importance. The dark ropy appearance of the blood; the cold, wet and shrivelled state of the surface, with its dark purplish color; the feeble pulse, and rapid prostration; the extreme thirst, and the burning sensation at the epigastrium; the complete arrest of the glandular secretions; the cold tongue, and the coldness of the respired air, sufficiently distinguish these cases from those of the most violent bilious cholera, or cholera morbus, and in fact identify them with nothing else, so clearly and distinctly as with Asiatic cholera. That their occurrence constitutes an episode in the history of the cholera of more than usual interest, is evident from a consideration of the circumstances under which they originated, and the manner in which they were propagated. No cases of cholera were reported as existing at any point upon the route travelled by the Hollanders, during the period of their journey to this place; so that no probability of any exposure by them to its influence during that time can be established; and yet every fact elicited concerning this mysterious affair, has seemed to point directly to them as the persons with whom this disease originated, and from whom it was communicated to others. No cases occurred, excepting amongst those who were exposed directly to them, and the progress of the disease was promptly arrested when they were removed from the village, and not before. These additional facts, with those that have been previously reported, constitute all of material interest that I have to communicate in relation to these singular cases. How far the deductions which I have drawn, are sustained by the facts recorded, I leave to the determination of those whose experience and qualifications render them competent to decide.

A. W. MACK, M.D.

*Kalamazoo, Mich., Nov. 11th, 1850.*

## NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

*Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.*

[Reported for the Boston Medical and Surgical Journal.]

NOVEMBER 16th, 1850. *CASE I. Traumatic Ectropion.*—A middle-aged man, in good health, stated that, 9 years before, he first perceived a small pimple upon the lower lid of the eye, which gradually enlarged until it had attained the size of a large pea. A few months ago, it was treated with caustic by a quack, when the entire eye became inflamed to a degree resulting in its disorganization and in its adhesion to the remaining fragment of the lower lid. The lid is everted, and in this position suspended, tense, between the eyeball and cheek; the patient wearing a poultice over the whole, for the relief it affords him. In this case the ocular globe was incised for the purpose of allowing the escape of its useless contents, and in the hope of inducing by its atrophy a contraction and diminution of the exposed conjunctival surface. This was done by Dr. Hayward, whose patient he was.

*CASE II. Inguinal Hernia. Treatment by Injection.*—This subject seems to possess some little general interest. The disease is common, and the surgeon is often applied to, to know how far it may be cured by injection. This method of treatment is not new. In his work on *Operative Surgery*, published in 1846, Dr. Pancoast states that he had employed it eleven years before that date. The operation consisted of an injection into the sac of a stimulating fluid, by means of a minute trocar and canula, to which a syringe was afterwards adapted. This writer mentions Lugol's solution of iodine, or the tincture of cantharides, in quantity from half a drachm to a drachm, as the injection used. Neither is there anything new in attempts to obliterate the ring by adhesion or destruction of the sac. Such were, in the latter part of the last century, the ligature or excision of the sac and testis, by which "the bishop of St. Papoul found that more than five hundred children had been castrated in his diocese"; and the *royal stitch*, which embracing the sac, preserved the testis to fulfil its legitimate function of making subjects for the king; and later, the operations which plugged the ring with a piece of the scrotum, and that which irritated it with gelatine threads, or acupuncture, and others, which have been for the most part abandoned.

The present patient, a young man of 21, healthy and of good habits, has had a left inguinal hernia for three years. Within the last year he has worn a truss, the hernia being often troublesome and tender notwithstanding. It is now, when allowed to descend, an enterocele of the size of a goose egg, easily reducible, the ring readily admitting the middle finger; and under these circumstances the patient applied for a radical operation. I stated to him that the operation was not dangerous; that it probably would not cure him, though it might alleviate the inconvenience; the last perhaps greatly, perhaps not at all. The instrument



used, and which was made for me several years ago, consists of a minute silver syringe terminating in a fine tube. The latter carries at its point a perforated trocar, which serves at once to make the puncture and to deliver the injection. With this instrument, twenty-five drops of tincture of iodine were deposited at the ring itself, through a puncture in the skin made with a tenotomy knife. I will not undertake to say that I injected the sac. When the sac is thin, I do not believe it possible to say whether the instrument enters the sac, or whether it pushes the sac before it. You may perhaps transfix it literally; but there must be, in general, an uncertainty whether the injection actually penetrates the sac, or only bathes its exterior; and practically the difference, in producing inflammation, whether from contact or from continuity of tissue, must be of no great importance. The result of the operation may be considered as a question of theory and of fact. This process aims to obliterate or plug the ring by an effusion of adhesive lymph. Now the cause of hernia is a want of resistance in the tendon; and as we cannot make new tendon, the question is, how far lymph is capable of supplying its place. Lymph is a plastic material; liable to great absorption, and having a tendency to yield to pressure. It has very little of the resisting property of tendon. Most patients are obliged to wear a truss after the operation for strangulated hernia, which creates a considerable effusion of lymph. The tendency of most irreducible herniæ, where the ring is plugged by its adhering contents, is to increase. But theory should never stand in the way of fact. If it were possible to get at a series of statistics of this operation, the result would be conclusive. But in the absence of these, I will give the grounds for my own conclusions in respect to it.

1. I have operated in a number of cases, sometimes with relief, sometimes with none. In one case of a young child, the pressure of a light truss after the injection of ten drops tr. iodine, produced a small slough of the integuments.

2. I have been not unfrequently applied to, in common with other surgeons, by patients who had undergone the operation once, or even twice, to know what benefit would be likely to result from an additional operation.

3. A maker of trusses informs me that he frequently receives applications for trusses from patients unsuccessfully operated on; or where the relief was only temporary. On the other hand, it is quite probable that lymph diminishes the size of the tendinous aperture in certain cases, and sometimes to a considerable degree. In fact, I know patients thus operated upon several years ago, who believe that the liability to a descent of the hernial contents has been materially diminished in their cases, and who consider their condition improved by the operation, though they still wear a truss.

Now under these circumstances, if there is no great danger attending the operation, it is justifiable; and I never heard of a fatal result from it; though peritoneal inflammation is occasionally quite considerable. So that a patient who desires to encounter this operation, not dangerous in itself, for a chance of obtaining greater or less relief from an inconvenience, may be gratified.

**CASE III. Congenital Hypertrophy of the Middle Finger. Amputation.**—This extraordinary deformity occurred in a fine healthy young girl of 16. The finger is truly enormous, measuring  $5\frac{1}{2}$  inches in length and the same in circumference at its base. I removed the finger, and with it about three quarters of an inch of the head and shaft of the metacarpal bone. (The details and result of this case will be published at another time.)

**CASE IV. Pott's Disease of the Spine. Death.**—The boy whom we saw on Saturday, moribund, died in the course of the day. He has been for some weeks getting steadily worse, and within a few days quite helpless, sleeping most of the time except when roused. I have at all times refrained from minutely examining his back, as he was beyond the reach of art, and the great object was to make him comfortable. He entered the House on the 10th day of October last; and his back at that time presented an angular curvature of about  $115^{\circ}$ , the prominent vertebræ being the 3d and 4th lumbar. This deformity showed itself, as the patient states, six years ago, but he has had no especial pain or disability till within a few weeks. Seven weeks ago a swelling upon the left side of the rectum broke, discharging pus. Another abscess was also detected at the patient's entrance, above the projecting vertebræ and to the right side, which opened spontaneously and with profuse discharge a week before death. There was also marked tenderness over the 6th and 8th dorsal vertebræ. It is a striking feature in this case, that so long a period should have elapsed between the original appearance of the deformity and the subsequent grave symptoms. This is unusual, but sometimes happens. To account for the recent and large secretion of pus, we may suppose either that the inflammatory action of disease, which had been for six years nearly stationary, was suddenly renewed, or that it had invaded the bodies of other vertebræ. The last hypothesis receives some confirmation from the position of the pus in the lumbar region, which was a little above the original lesion, instead of gravitating as usual to a depending point below it; and also from the tenderness of the middle dorsal vertebræ. These, however, as yet presented no deformity; and both foci of the disease, if there were two, doubtless contributed to the supply of pus which was delivered at the fistulous openings: in the one case at the seat of the disease, in the other upon the lower part of the nates, having probably escaped from the cavity of the pelvis by the sciatic notch.

Remarks were also made upon the following cases, which had been discharged from the House.

**CASE V. Varix.**—This patient had been successfully treated by caustic, and had also been subjected to various applications for the eczematous or chronic inflammatory affection of the skin of the leg, which often accompanies varix.

**CASE VI. Extensive Cicatrices of Legs after Burn from Gunpowder.**

**CASE VII. Compound Fracture of Leg. Amputation four Months since. Stump healed.**

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 27, 1850.

## EDITORIAL CORRESPONDENCE.

*Naples (continued).*—We have roamed over and around the excavated cities of Pompeii and Herculaneum, and examined in detail the colossal architectural remains of Baïæ, Puzzuoli—including the temples of Serapis and Venus—the lakes of Aguago and Avernus ; Cicero's villa ; the pier constructed by Caius Caligula ; the subterranean prison, said to have been made by Nero ; the Sybil's Cave, near Curnæ, the oracles of which made the nations wail or rejoice ; the unmatched reservoir on an eminence, for holding water for the ancient Roman fleets ; and in connection with all these, the Elysian fields, and the far-famed Falerian vineyards, that produced the most celebrated wines of antiquity—to say nothing of minor works of art, beyond enumeration, in domestic economy, commerce and war. It is enough to humble the boldest genius of modern times, to be constrained, as one is, to acknowledge the inferiority of the workmanship of the best specimens of artistic skill of modern times, compared with those found among the ruins of the two long-buried cities. Even a pair of common steelyards, a yard of lead pipe, a simple table lamp, a cream pitcher, or a surgeon's forceps, unquestionably manufactured seventeen or eighteen hundred, and perhaps two thousand years ago, now to be seen in all their original excellence, prove, beyond the possibility of doubt, that we have not yet attained to what the mechanics of that distant period had achieved. Our richest patterns and devices are but poor copies of their designs. At the baths of Nero, where luxury upon luxury was concentrated beyond the conception of gourmands and debauchees of the present age, although in the confusion of ruin, the hot salt water rises up in the same tube that it did when that monster emperor indulged in the sudatories of his own creation—and when the guide brought a pailful into another apartment, it cooked an egg in a twinkling. Explorations have been resumed, within a few days, both at Pompeii and Herculaneum—and objects of intense interest are brought to light. A pair of golden bracelets for a lady's arm, weighing one pound, were recently discovered and deposited in the museum. A table, converted into charcoal by the heat of the lava that overwhelmed the unfortunate city, is now in situ. Hereafter, whatever is found is to remain on the premises. Some fine pieces of sculpture, just opened, now stand for admiration on the floors where they were found. Such is the general firmness and apparent indestructibility of all the ancient remains on this part of the Mediterranean coast, that they will bid defiance to the elements many thousand years to come, and, for aught we know to the contrary, last till the globe itself is melted with fervent heat.

Having investigated to some extent the character of the humane, moral and medical institutions of Naples, it may be of interest to speak of some of them. Prison discipline is neither the Philadelphia, nor any other American system. It means here, a heavy chain on the leg, hard fare, and laborious work in the docks, on the road, or in the quarries and galleys, and under the eye of soldiers armed to the teeth. They beg, as others do who have perfect freedom, no one objecting to their reception of money or food from by-standers. Who there is shut up in the almshouse, cannot be

stated, not having yet been inside. There are thousands of cripples, mendicants, and filthy children, the very objects who ought to be there, but who swarm throughout the town. Hospitals are numerous—there being five civil and one military—the medical and surgical officers of which, get small salaries from the government. Appointments are made in two ways. First, by making interest at Court; and those are esteemed lucky fellows who get positions by this means, without qualification or exertion. The other is by concours. Occasionally a man of talent gets an opportunity to rise in this way; but nothing can rise by the side of a friend's pocket. Money is both power and merit. There is a medical school in Naples, annually attended by one or two hundred students. On graduating, they settle over the country, but the army and navy takes up most of them. One or two have all the reputation, and get all the best business, in Naples—which yields to them, however, much less than the common incomes of professional gentlemen of the same standing in England or America. Possibly one or two, having the patronage of the Court, may realize 6000 ducats, or about \$5000, a year. This, however, is an immense income, and one must indeed have a reputation to get half that sum. Dr. Petrocola is considered one of the best anatomists in the kingdom—and Dr. Quadri, the most eminent operator on the eye. The latter is the author of several treatises on ophthalmic surgery, some of which are illustrated by elegant colored plates. Being now nearly eighty years of age, his judgment, or rather opinion, is more sought than his operations. He has a son, an amiable young man, who may probably succeed to the father's practice. As to the true state of medical science in this country, it is very difficult to determine. Certainly its authors produce nothing new. Surgery is not distinguished for its boldness or adroitness, nor is it certain that much reliance can be placed on the judgment of men who are both constitutionally and politically timid. The expectant practice is considered prudent, because no one is thus injured by medication, and nature may come to the relief of the patient. English physicians are more highly esteemed by foreigners than native practitioners. Perfection, unhappily, is too generally assumed to have been attained in government, physic and divinity, in many of the weak and ignorant kingdoms of modern Europe. Dentistry is here in its infancy, for the reason, perhaps, that uniformly fine teeth obviate the necessity of encouraging that otherwise very useful branch of professional business. Very little use is made of the microscope. With respect to periodical medical literature, where is it in Naples?—An American physician is struck with the magnitude and labyrinthian windings of the hospital of incurables, at this moment occupied by 1200 patients. Diseases of the eye, ending in total blindness, are numerous. Dr. Quadri took a position in a small room in the morning, and a black servant in livery regulated the entries. Old men, women and children rushed for the door. A camel's-hair pencil, dipped in some solution, was dashed upon the inflamed eyeballs, in a majority of the cases, before the patient had even an intimation of what was coming. The same brush, going from eye to eye, some of which were disgustingly covered with offensive discharges, could not fail, to our apprehension, of propagating, instead of lessening the amount of disease. Dr. Quadri assigns, as a cause of so much ophthalmia, the evening humidity, preceded by a brilliant sun—the mass of sufferers being those who are the least attentive to cleanliness or exposure. He has operated 1055 times for artificial pupil. His son, Dr. Alexander Quadri, has recently published a series of his father's clinical lectures on

diseases of the eye and its appendages. Pulmonary consumption, as every where else, sweeps off its thousands, even in this charming climate. All the medicines used in the hospitals, are manufactured in them. One of the great military hospitals of Naples has now 800 patients—among whom, ophthalmia and syphilis are the predominant maladies. The city and country are remarkably healthful and free from epidemics of all kinds. Diseases of the skin are always rife among a people on whom vermin luxuriate.

Among the charitable institutions of the city of Naples, the Foundling Hospital is very prominent. Ten thousand infants, on the authority of an eminent medical gentleman here, are received from Naples and its environs, annually, one fourth of which very soon die. They are dropped into a wheel, that turns on a pivot, nightly, and no questions are asked. Such a bevy of crying babies, of all sizes and complexions, cannot be mustered in any other country. One of the multitude presented the strangest *nævus* imaginable. The left eye, for the width of an inch above the brow, half the nose, and the cheek to the ear, were covered with a profusion of coal black hair, nearly as long as on its head. Sisters of charity and wet nurses have their hands full with the little helpless, nameless strangers. Where such establishments exist, society will be corrupt to the core, and neither religion nor the civil law can correct the monstrous evil. America, we trust, will never be cursed with one of them.—Vaccination is poorly conducted, and hence smallpox mars and scars the faces of the children to a shocking degree.—There are so many secretaries, door keepers, chaplains, officers and servants in all the hospitals, that a stranger looks upon them as an incumbrance, costing far more than their services can possibly be worth.—Italians do not trust each other out of sight, without written obligations. A milkman drives his cow to the door and milks in presence of the customer; and to prove the milk to be new, a calf is invariably tied to the cow's horns. Some of the calves, however, we Yankees believe, are more than a year old, and bear no relationship to their reputed mothers. Goats are driven all over the city, and taken up flights of stairs to the different flats occupied by families, where they are milked under the cognizance of the purchasers, who are thus sure of not being cheated.

*College of Pharmacy.*—That young men may have advantages for qualifying themselves for the responsible duties of an Apothecary, it is proposed to establish a College of Pharmacy in this city: In order to have an institution of the kind useful, and on a permanent basis, it should obtain a charter from the State government, which would give it character, and facilities, that in no other way it could possess. Many of our apothecaries, doubtless, would hail such a scheme as the advent of better days among them, while there would be those who are satisfied with the present mode of educating their apprentices. To the latter we would say, that in the event of such an institution being established, they would not only find it useful to the young men who would attend the prescribed lectures in the college, but perhaps they might themselves be a *little* benefited by the instruction given. By the existing laws, any one has the right to set himself up as a compounder and dispenser of medicines; and his defects may not be made known to the public until some most *alarming mistake* has occurred, such as putting up the wrong medicine. To educate and elevate apothecaries,

is the end sought for; and in no other way do we believe that it can be so well accomplished, as by establishing a college devoted entirely to their interests. If the apothecaries of Boston will give this subject the consideration its importance demands, there can be no doubt that, before another year, we shall have a college of pharmacy in our city, which will not only benefit them, but be an honor to the State which gave it birth. The physicians will heartily co-operate in such a measure, and it now only remains for the apothecaries to move in the matter at once. Those who may wish to forward the measure, are requested to meet at the house of Dr. G. S. Jones, 81 Charles street, on Friday evening, Nov. 29th, at 8 o'clock.

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*Natural Curiosities.*—There are now on exhibition in this city, two Aztec children, a boy and girl, said to be brother and sister, from the idolatrous city of Iximaya, in Central America. They are truly wonderful specimens of human beings, and are doubtless remnants of a sacerdotal caste supposed to have become extinct. As it is our intention to visit them again, and make some examination and inquiries into their history, we shall defer any further remarks for the present.

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*The Stethoscope.*—A prospectus for a new medical journal, having for its name, "*The Stethoscope*," has been sent us from Richmond, Va. We have on our exchange list, already, most of the important *instruments*, yet we can find room for one that is considered of so much importance to the profession as the stethoscope. There can be no doubt that, if properly conducted, *new physical signs* can be given the profession within its district, which, it appears from the prospectus, they, as well as physicians in most other places, are much in need of. We shall take great pleasure in complying with the request to exchange, and hope the editor and publishers may be substantially supported in their new enterprise. It is to be published in Richmond, Va., monthly, edited by Dr. P. C. Gooch, at \$3 per year.

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*Gerhard on Diseases of the Chest.*—The third edition of this most excellent treatise was sent us some weeks since, but having got accidentally mislaid, a notice of it has in consequence been delayed until now. The reputation of Dr. Gerhard, as a careful observer and able writer, is so well established, that his works are considered the very best authority. Since the last edition of this work was published, there has been some new light thrown on the pathology and treatment of the thoracic organs. The effects of cod-liver oil in consumption, and the *spirometer*, a new instrument for determining the condition of the lungs, are treated of in detail. We are unacquainted with any work of a similar character that is more *practical*, and can with great confidence recommend it to the profession.

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*Francis's Chemical Experiments.*—"Chemical Experiments; illustrating the theory, practice and application of the science of chemistry, and containing the properties, uses, manufacture, purification and analysis of all inorganic substances, with numerous engravings of apparatus, &c." By G. Francis, F. L. S., author of the Dictionary of Arts, Sciences, &c."

Daniels & Smith, Philadelphia, publishers; Boston, Gould & Lincoln. This work is all that it is intended to be. Not only will it serve the student as an aid in his investigations in chemical science, but it contains much valuable practical matter that would interest and instruct every one.

*Hygiene and Hydropathy.*—Three lectures on this subject, by R. S. Houghton, A.M., M.D., are intended to convince the unbelievers that water alone possesses the properties necessary to keep them well, and, when diseased, to cure their ills; and further, to show up those who by their writings and teachings oppose those gentlemen of *science*, the water doctors. With all deference to the learned hydropathic doctor and his institution, we must beg leave to disagree with him in many of the opinions advanced, and most emphatically would say, that if all can be done by water *alone*, that is promised in the lectures, we cannot see any good reason for resorting to certain means to obtain proselytes. With the lectures sent us, was a copy of the constitution of the "American Hygienic and Hydropathic Association of Physicians and Surgeons." In the preamble we are glad to see it stated that the members believe in the *vis medicatrix natura*. The little work is got up in good style, as is usual with the publishing house of Messrs. Fowlers & Wells, New York.

*Dr. McClinton's Introductory.*—We have received a pamphlet containing Dr. J. McClinton's introductory lecture before the class of the Philadelphia College of Medicine, at its present session. It is an able production, and one well calculated to impress upon the mind of the student the importance of *general study*. "Suppose," says the doctor, "you have imbibed the notion, that *surgery* is not necessary to the practice of the physician; and in what kind of position will you find yourself, if suddenly called to some bleeding farmer, who has fallen from his barn loft on his hay wagon? How will it relieve him, how will it comfort your own feelings, how will it add to your reputation as *the doctor*, to stand back and tell the gaping and wondering rustics, that you are a *physician*, not a *surgeon*?"

*Suppression of Urine, one of the Symptoms of Poisoning from the Chloride of Mercury.*—It has been observed that those who have taken large doses of the bi-chloride of mercury (say poisonous doses), generally have entire suppression of the urine. We believe the cause of such disturbance in the kidneys has never been given, if indeed it has ever been attempted. At a late meeting of the Suffolk District Medical Society, quite a discussion arose on the poisonous effects of this preparation of mercury, the probable quantity necessary to produce death, and the time required to bring about such a result. There was much discrepancy of opinion among the most learned of the members on the points in question. It was agreed, however, that entire suppression of the urine always followed when the poison was taken in sufficient quantity. Another curious circumstance was alluded to, though not explained, viz., that in those who die from the effects of bi-chloride, the *prima via* rarely revealed, on the post-mortem, any sign of inflammation or its results. When the preparations of mercury are exhibited to the patient, they produce effects, varying in manner, according to the form, quantity and manner of administering them. It is



known that if ten grains or more of the blue mass, or calomel, are given at one time to a patient, its effects are entirely different from what they would have been, had the medicine been given in divided doses. So with the bi-chloride; if large quantities are taken, it often excites vomiting to such an extent that it proves harmless, when grain-doses would destroy life. In coming to the point in question, why is it that the kidneys cease to perform their functions? We think it plausible to assume the following reasons, viz.—Bi-chloride of mercury is a powerful stimulant as well as sialogogue; it is a specific stimulant to the salivary glands, although many think it acts through the circulation. Now if these glands become aroused to such an extent that they are continually pouring out their secretions, it must be evident that the blood is deprived of so much of its elements, viz., water, with a trifle of other matter. This, of course, is the largest constituent of urine. While the excessive action of the salivary glands is in force, it must necessarily detract from the secretion of the kidneys. It is well known that the amount of urine secreted in the summer is less than it is in the colder or winter seasons, which finds a ready explanation in the fact of one of the great constituents of the urine passing off by the skin in large quantities during the warm season. No matter what it is that takes from the blood its watery part, and causes it to pass out of the body through any other than its natural channel, the effect will be a suppression of urine. Therefore we might safely come to the conclusion, that if the kidneys fail to secrete, in these cases of poisoning, it is because they have not their proper element to stimulate them. As this subject seems to be a mooted one, we have given our views, hoping that sufficient interest may be excited to bring out the opinions of those more learned in such matters.

*Prussiate of Potash in Asthma.*—It is understood that much relief has been obtained from the use of prussiate of potash in the paroxysms of asthmatic breathing. The dose, during a paroxysm, is one teaspoonful of a saturated solution. The principle upon which its remedial properties are based, is that of its being an arterial sedative. It is a ferro-cyanuret of potash, and probably the hydrocyanic acid is the medicant, after all.

*Medical Miscellany.*—Dr. E. Williams lately published, in the London Lancet, some account of a Japanese remedy for sterility which he had used with success. In a subsequent number he states that the communication had brought him upwards of 900 letters requesting a supply! He says that he is unable to supply the demand, but hopes to make arrangements soon that will enable him to do so. —Mrs. Elizabeth Corniel, aged 105 years, a native of New Hampshire, is living in Waldo county, Maine; and in Belmont, adjoining Belfast, John Donald lives, at the age of 102 years. —Dr. Alfred Hitchcock, of Fitchburg, formerly Justice of the Peace and Quorum in Middlesex, has been reappointed to that office for the county of Worcester.

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MARRIED.—In Hingham, Mass., Edward C. Rogers, M.D., of Upton, to Miss Elizabeth L. Seymour.

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*Deaths in Boston*—for the week ending Saturday noon, Nov. 23d, 58.—Males, 27—females, 31. Disease of the bowels, 1—inflammation of the bowels, 1—consumption, 11—convulsions, 1—canker, 1—cancer, 1—croup, 4—dropsy, 1—dropsy of the brain, 4—erysipelas, 1—typhoid fever, 1—scarlet fever, 2—lung fever, 2—hooping cough, 1—disease of the heart, 3—intemperance, 1—infantile diseases, 7—disease of the liver, 1—inflammation of the lungs, 1—measles, 3—old age, 1—palsy, 2—puerperal, 2—peritonitis, 1—disease of spine, 1—teething, 2—worms, 1.  
Under 5 years, 25—between 5 and 20 years, 9—between 20 and 40 years, 11—between 40 and 60 years, 9—over 60 years, 4. Americans, 33; foreigners and children of foreigners, 38.

*Albany County Medical Society.*—An annual meeting of the Albany County Medical Society was held, pursuant to public notice, at the City Hall, on the 12th inst., at 3 o'clock, P. M.—the President, Dr. James McNaughton, presiding.

The reports of committees were read and disposed of, and new members were proposed and received.

The President delivered his Annual Address, whereupon Dr. Van O'Linda offered the following resolution, which was adopted:—

*Resolved*, That the thanks of the Society be presented to the President for his able and interesting address, and a copy requested for the use of the Society.

On motion of Dr. Thompson, the Society went into an election for its officers for the ensuing year. The President and Vice President having declined being candidates for re-election, the balloting resulted as follows:—

*President*—Dr. James H. Armsby. *Vice President*—Dr. William F. Carter. *Secretary*—Dr. B. A. Sheldon. *Treasurer*—Dr. J. B. Rossman. *Librarian*—Dr. John Swinburne. *Censors*—Drs. Peter McNaughton, J. P. Boyd, Howard Townsend, Uriah G. Bigelow and Leonard G. Warren.—*Albany Evening Jour.*

*Medical Schools in Iowa and Wisconsin.*—The Rock Island Medical College, which is now the medical department of the Iowa University, has been removed to Keokuk, where it commenced its winter term on the 5th inst. We learn from a Wisconsin paper that Prof. C. B. Chapman has withdrawn from the institution, and received an appointment to the chair of Anatomy in the Wisconsin Medical College, located at Milwaukee. This institution, however, has not yet gone into operation.

*The Artesian Well of Bavaria.*—A correspondent of the National Intelligencer, writing from Paris, says, "The famous Artesian well at Kissingen, in Bavaria, commenced eighteen years ago, and which it was feared would have to be abandoned as a failure, has just given the most satisfactory results. The town is located in a saline valley, 984 feet above the level of the Baltic sea. Last June the boring had reached a depth of 1837 feet, and several layers of salt, separated by a stratum of granite, had been traversed, when carbonic acid gas, followed again by granite, was found. Finally, on the 12th inst., at a depth of 2067 feet, perseverance was rewarded by complete success. A violent explosion burst away the scaffolding built to facilitate the operations, and a column of water four and a half inches in diameter spouted forth to the height of 98 feet above the surface. The water—clear as crystal—is of a temperature of 66 Fahrenheit, and is abundantly charged with salt. It is calculated that the product will be upwards of 6,000,000 lbs. per annum, increasing the royal revenues by 300,000 florins, after deducting all expenses."

*The late Mr. Nasmyth.*—The unrivalled microscopic preparations made by this gentleman, illustrative of the formation of teeth, have just been added to the Hunterian Museum, by purchase on the part of the Council of the College. Accompanying the preparations are a great number of most accurate and beautifully executed drawings by Mr. Holmes.—*London Lancet.*